

Pre-Application Consultation Response Form

Proposed development at: **LAND NORTH OF THE KILNS, LLANGWM,
HAVERFORDWEST, PEMBROKESHIRE, SA62 4HG**

Name: _____

Address: _____

Reason (s) for your interest in the proposed development:

Please tick one of the following options:

I am in favour of the proposed development

I am neither in favour nor against the proposed development

I am against the proposed development

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Reason (s) for choice given above:

Signed: _____

Dates: _____

